

AD 673206

TRANSLATION NO. 272

DATE: July 1 1961

DDC AVAILABILITY NOTICE

Qualified requestors may obtain copies of this document from DDC.

This publication has been translated from the open literature and is available to the general public. Non-DOD agencies may purchase this publication from the Clearinghouse for Federal Scientific and Technical Information, U. S. Department of Commerce, Springfield, Va.

DEPARTMENT OF THE ARMY  
Fort Detrick  
Frederick, Maryland

Reproduced by the  
CLEARINGHOUSE  
for Federal Scientific & Technical  
Information Springfield Va. 22151

20050202070

Best Available Copy

Histoplasmosis - From Greater Russian Medical Encyclopedia, Volume 7  
Moscow, USSR, 1958

Histoplasmosis (Synonyms: Darling's disease, Darling's cytomycosis Reticuloendothelial cytomycosis) - a fungous disease of man and animals in the nature of a parasitic reticuloendotheliosis. It was first noted by Darling in 1906 in the Panama Canal Zone. Darling assumed that the parasite, which is called H, belonged to the group of protistic organisms. In 1912 it was established that the stimulus was the *Histoplasma capsulatum* fungus. In 1934, W.A. DeMonbreun succeeded in obtaining a culture of the fungus, reproduced the disease in an experiment, and provided the morphological character of the stimulus. The yeast like forms of *H. capsulatum* are rounded bodies, 1 - 4 microns in diameter, containing a polymorphochromatin nucleus, basophil protoplasm and a capsule. The parasite develops and multiplies in the reticuloendothelial cells in the organs of humans and animal organisms. A reservoir for the infection are animals chronically suffering with this disease. Infection may originate by an aerial, cutaneous path or through the digestive tract. Hyperplasia of reticuloendothelial elements, in whose protoplasm parasites are observed, is observed microscopically in the organs and tissues. It is characterized by the absence of signs of suppurative inflammation.

The main symptoms of H. are: cutaneous, cardiac, pulmonary, intestinal, articular, and neural. Intravital diagnosis is possible by examining smears of blood and bone marrow, imprints of ulcerations, minute points of liver and lymph, ganglions, and smears of sputum and feces. The reaction to increased sensitivity in histoplasmin in a number of cases is positive, which is particularly important in latent and asymptomatic forms. The incubation period is not known. The disease can take a sharp, acute, or chronic course. With children, H. gives an acute picture of disease, and with adults a chronic one. The duration of the disease is from several weeks to 15 years. In cases of dissemination of the fungus in the organism, the disease is fatal. Local forms of H., especially cutaneous affections, are comparatively benign in spreading, and cases of spontaneous recovery are possible. Therapy - a symptomatic, general restorative, radiotherapy and local surgical treatment.

Literature: MURESHANU, A., The Appearance of Pathologico-Morphological Changes in Histoplasmosis, *Ark Patol*, v 18, #7, p 834, 1956; CHRISTIE, A., Disease Spectrum of Human Histoplasmosis, *Trans. Ass. Amer. Phys.*, v. 64, p 147, 1951; PINKERTON, H., Histoplasmosis, *Advanc. intern. Med.*, v. 3, p 197, 1949 bibliogr; SHAUL, J.F., Histoplasmosis of Darling, in the book: *Practition, library of med. a surg.*, ed. by G. BLUMER, p 208, N.Y. -L. 1941, bibliogr.

Ye, BEREZINA